

MT 9-1-1 GRANT PROGRAM QUARTERLY PROGRESS REPORT ARM 2.13.410

Grantee Name:		CONTRACT ID: MT9-1-1 Grant-20
Project Description:		Fiscal Year Awarded:
Original Amount Awarded:	Amount F	Requested to Date:
PROJECT GOALS AND OBJECTIVES — Short described objectives included in the grant application/consupports the progress towards NG9-1-1:		
Explain any delays you are experiencing:		
Planned activities for next reporting period:		

	CHECK REPORTING PERIOD	REPORT DUE DATE
Quarter 1	July 1 through September 30	October 15
Quarter 2	October 1 through December 3	1 January 15
Quarter 3	January 1 through March 31	April 16
Quarter 4	April 1 through June 30	July 15
REPOR	T SUBMITTED BY	Tax ID #: 81-
rized Printed Na	me & Title:	Authorized Signature:
& Date:		
State/Zip:		Email Address:

NOTE: Progress Reports are due quarterly or with the submittal of a "Payment/Reimbursement Request Form". If grant recipient provides the department progress reports more often than quarterly, the recipient need not provide the quarterly report.

Reports are to be emailed to rsullivan@mt.gov

Contact Info: Rhonda Sullivan, 9-1-1 Program Manager, Phone: 406-444-2420, Helena